



Dr Ben Vermaak

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OPERATION CONSENT FORM

DOCTOR VERMAAK

I confirm that I have explained the following to the patient in terms which, in my judgement, are suited to the understanding of the patient and/or to one of the parents or guardians of the patient:

- The patient's health status and condition
- The range of diagnostic procedures and treatment options generally available to the patient
- The benefits, risks, costs and consequences generally associated with each option
- The patient's right to refuse health services and implications, risks, obligations of such refusal
- The nature and purpose of the proposed operation, investigation or treatment, namely:

- The type of anaesthetic, if any (general/local/sedation)
- The possible need for blood or blood products during and after the procedures and the risks associated with receiving blood or blood products

Signature _____ Date _____

PATIENT/PARENT/GUARDIAN

I, the undersigned, state as follows: -

- I am the patient/parent/guardian (delete as necessary).
- The doctor named on this form has explained fully to me the issues listed above.
- I confirm that I understand everything that has been explained to me. I have also received answers to all my questions and have been informed that, if I want more information, I should ask Dr Vermaak.
- I am aware that I have a right to obtain further options with regard to my health status and condition.
- I understand that problems and complications may occur when the best care, judgement and skill are used. No guarantees have been promised to me by Dr Vermaak.
- I agree to the operation, investigation or treatment explained to me, and to the use of anaesthetic that I have been told about, as well as the possibility of transfusion of blood and/or blood products as may be considered necessary or desirable by Dr Vermaak.
- I have been told that any procedure in addition to the investigation or treatment described on this form, will only be carried out if it is necessary and in my best interests and can be justified for medical reasons
- I understand that I may withdraw consent to or refuse treatment at any time.
- **I request Dr Vermaak to proceed with (write in your own words what you understand is going to be done)**

Signature _____ Relationship _____ Date _____

Name of patient: _____

AUTHORIZATION NO: _____ **DATE OF SURGERY:** _____